Brian Hurley
Vice President of Regulatory Affairs
American Cable Association
2415 39th Place, NW
Washington, DC 20007

bhurley@americancable.org
(202) 573-6247

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VIA ECFS

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: *Ex Parte* Communication of the American Cable Association; *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213.

Dear Ms. Dortch:

On November 14, 2018, the undersigned and Ross Lieberman, Senior Vice President of Government Affairs, American Cable Association ("ACA"), met with Jamie Susskind, Chief of Staff to Commissioner Brendan Carr, and Andrew Coley, legal intern in Commissioner Carr's office. On the same day, ACA met separately with Trent Harkrader, Ryan Palmer, Rashann Duvall and Jodie Griffin of the Wireline Competition Bureau ("WCB"). In both meetings, ACA discussed proposals set forth in its filings in this docket.[1] ACA reiterated its support for the proposed "connected care" pilot program, which will explore innovative uses of broadband to improve telehealth access for low-income Americans. The program also presents an opportunity to test novel approaches to the delivery and administration of Universal Service Fund ("USF") subsidies.

As ACA explained in both meetings, with a budget limited to just $100 million, and an important goal of gathering as much information as possible on the best ways to support the provision of connected care to low-income patients, the pilot program must strive for cost-efficiency. To ensure the program gets the most "bang for the buck," ACA recommends the Commission design the program in a manner that leverages existing broadband infrastructure wherever possible. ACA noted that connected care pilot projects seem likely to require broadband service that exceeds the minimum performance of service available through the Lifeline program.[2] Moreover, in many areas, the providers best-positioned to deliver advanced broadband capabilities suitable for connected care will include ACA members and other

[1] See *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Comments of ACA (filed Sept. 10, 2018) ("ACA Comments"); Reply Comments of ACA (filed Oct. 10, 2018) ("ACA Reply").

[2] *See Wireline Competition Bureau Announces Updated Lifeline Minimum Service Standard and Indexed Budget Amount*, Public Notice, DA 18-739 (WCB rel. July 18, 2018).

cable operators that, for many reasons, have not obtained designation as Eligible Telecommunications Carriers ("ETCs").[3] Indeed, a non-ETC may be the only provider that has deployed facilities capable of providing the required level of service to some patients in some areas. Accordingly, ACA encourages the Commission to leverage these non-ETC providers' investments to maximize the program's use of funds on exploring and gathering information on how best to deliver connected care to patients in need. By contrast, targeting program funds to costly and time-consuming new deployments, especially in areas where sufficient service is already available, could quickly exhaust the program's limited budget, thereby limiting the number of projects and amount of information that can be timely obtained.

In its meetings with staff, ACA discussed and elaborated upon its specific proposals for how to design a cost-efficient program – one that leverages existing infrastructure as much as possible. In particular, ACA has recommended that program funds allocated to support patients' broadband connectivity be administered in the form of vouchers that each patient could use to purchase service from its choice of existing local providers.[4] ACA explained in its meetings how this approach could work in practice. ACA suggested that each patient would sign up for service from its preferred provider as would any new subscriber. Each month the patient would then submit proof of payment to the health care provider, who would in turn reimburse the patient the prescribed amount using the USF funds it received to carry out its project. ACA maintains that such an approach could be implemented manageably within the program and would not impose excessive administrative costs on health care providers, especially when compared to the significant costs of administering the deployment of broadband. It is also the most expedient way for a health care provider to offer connected care to patients in need because the timeline to complete a new construction project could take a year or more.

ACA acknowledged in its meetings there may be patients who are not already served by a broadband provider that meets the minimum performance requirements. To reach these patients, funding for new deployment may be appropriate. Accordingly, ACA proposes that the health care provider applicant should be required to use a Request for Proposal (RFP) process to select a broadband provider that will provide the necessary broadband connectivity for such patients. If a non-local provider prevails in the RFP process, local providers should have a right to match the winning bid.[5] As ACA explained, these safeguards will go a long way to ensure that program funds are used efficiently and to protect against misuse and waste of funds on overbuilds.

ACA also reiterated its view that the program should allow non-Eligible Telecommunications Carriers ("ETCs") to participate, as noted above.[6] Finally, ACA suggested during its meeting with WCB

[3] ACA expects that few, if any, existing non-ETC providers would seek ETC designation for the sole purpose of participating in the pilot program.

[4] *See* ACA Comments at 2-3. The choice of provider would be limited to existing local providers that can provide service that meets the requirements of the project (e.g., a 25 Mbps minimum download speed). Where no such provider exists, ACA recommends a separate, RFP-based process for administering funds. *See infra* page 2.

[5] ACA originally advanced these proposals in its comments in this docket. *See* ACA Comments at 3-5.

[6] *See* ACA Reply at 5-6.

staff that the Commission's Lifeline authority,[7] as well as Section 254(h)(2)(A) of the Act,[8] could provide legal bases for the pilot program as implemented along the lines ACA recommends.

This letter is being filed electronically pursuant to section 1.1206 of the Commission's rules. Please address to the undersigned any questions regarding this filing.

Sincerely,

Brian Hurley

cc: Jamie Susskind
Andrew Coley
Trent Harkrader
Ryan Palmer
Rashann Duvall
Jodie Griffin

[7] *See* ACA Comments at 3, n.5.

[8] *See* 47 U.S.C. 254(h)(2)(A) (authorizing the Commission to establish competitively neutral rules "to enhance, to the extent technically feasible and economically reasonable, access to advanced telecommunications and information services for all . . . health care providers").